

**RYAN WHITE TITLE I PROGRAM**  
**Letter of Medical Necessity for Olanzapine (Zyprexa)**

**SECTION I:** This section is to be completed by a prescribing healthcare provider for  
INITIAL Olanzapine (ZYPREXA) prescriptions NOT EXCEEDING 20mg PER DAY.

Date: \_\_\_\_\_

As the PRESCRIBING HEALTHCARE PROVIDER for \_\_\_\_\_, who has a diagnosis of \_\_\_\_\_, it is my opinion that Olanzapine (Zyprexa) is medically necessary for this patient at a dose of \_\_\_\_\_.

I understand that a letter of medical necessity is required only for the initial prescription for Olanzapine (Zyprexa) NOT exceeding 20mg per day.

**SECTION II:** This section is to be completed by a prescribing healthcare provider for  
ALL Olanzapine (ZYPREXA) prescriptions EXCEEDING 20mg PER DAY

Date: \_\_\_\_\_

As the PRESCRIBING HEALTHCARE PROVIDER for \_\_\_\_\_, who has a diagnosis of \_\_\_\_\_, it is my opinion that an Olanzapine (Zyprexa) dosage exceeding 20mg per day is medically necessary for this patient.

In addition, I am providing the following information as required by Ryan White Title I:

- Reason for Olanzapine (Zyprexa) dose > 20mg/day \_\_\_\_\_
- Previous Olanzapine (Zyprexa) dosage \_\_\_\_\_
- Duration of previous Olanzapine (Zyprexa) treatment \_\_\_\_\_

I understand that a letter of medical necessity is required for every new prescription of Olanzapine (Zyprexa) exceeding 20mg per day.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Florida medical license # (MEO#)

\_\_\_\_\_  
Patient's 10 digit Medicaid # (if applicable)

\_\_\_\_\_  
Patient's CIS # (assigned by the Ryan White Title I Service  
Delivery Information System)

**Please note:** All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (Physician, Nurse, Dietician, Nutritionist, etc.).

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.